

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 83a

CERTIFICATE OF DEATH

04969

Reg. Dist. No. 100

1. PLACE OF DEATH:

County *Charles*City or town *Mr. Charlotte Hall*
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State *MD* County *Charles*City or town *Baltimore*
(If outside city or town limits, write RURAL and give nearest town)Street No. *1756 Darby Ave.*
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Lillian Anna Brandt

3. (b) Social Security Number

4. Sex

F.

5. Color or race

W.

6. (a) Single, married, widowed, or divorced

*W.*6. (b) Name of husband or wife *Harry Brandt*

7. Birth date of

deceased (mo., day, yr.)

April 15, 1892

8. AGE:

Years

Months

Days

If less than one day

*53**1**17*

hrs.

min.

9. Birthplace

St. Marys Co., Md.
(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER

12. Name

Robert Bailey

13. Birthplace

St. Marys Co., Md.

MOTHER

14. Maiden name

Margaret Shadwin

15. Birthplace

St. Marys Co., Md.

16. Informant

Address

Mrs. Ziegler
1756 Darby Ave. Balts, Md

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof

June 4, 1947
(month) (day) (year)

Cemetery or crematory

Woodlands Memorial

Location

Baltimore Md

18. Funeral director

Address

Elmer M. Hulse
Hughesville Md

19. 6/2

(Date rec'd by registrar)

19 47

Julia H. Pree
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH *June 1* 19 *47* at *6 A.* M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19 *47* to 19 *47*and that I last saw him *Croner's Case* 19 *47*

Immediate cause of death

DURATION

Cerebral Hemorrhage *6-1-47*

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE

Address

M. D. or other

Date signed *6-2-47*

RECEIVED

JUN 4 1947

BUREAU 8

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

93d

04970

CERTIFICATE OF DEATH

Reg. Diat. No. 106

1. PLACE OF DEATH: Charles.
 County Pomonkey
 City or town 3 nights
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 3 nights
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)
 State MD County Ches.
 City or town Fenwick, Md.
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2.(a) if veteran, name war _____

3. (a) FULL NAME Robert I. Brooks

3. (b) Social Security Number

4. Sex Male 5. Color or race Col. 6. (a) Single, married, widowed, or divorced Widowed
 6. (b) Name of husband or wife Sarah Brooks.
 7. Birth date of deceased (mo., day, yr.) March 6, 1860
 8. AGE: Year 87 Months 3 Days 10 If less than one day _____ hrs. _____ min.

9. Birthplace Charles County, Md.
 (Town, county, and state)
 10. Usual occupation Farmer.
 11. Industry or business _____
 12. Name Basil Brooks
 13. Birthplace Charles Co., Md.
 14. Maiden name Not Known
 15. Birthplace _____

16. Informant Walter Brooks.
 Address Fenwick, Md.
 17. Burial Date thereof June 19, 1947
 (Burial, cremation, or removal, Which?)
 Cemetery or crematory St. Charles Catholic
 Location Glymont, Md.
 18. Funeral director Pony & Cofer
 Address Mason Springs, Md.
 19. 6/19 19 47 Odey Price
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 16 19 47 at 8:20 A.M.
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 24 19 47 to June 16 19 47
 and that I last saw him alive on June 15 19 47
 Immediate cause of death Chronic myocardial inf.
 DURATION 1 yr.
 Due to _____
 Due to _____
 Other conditions Influenza - 2 weeks
April 1947
 (Include pregnancy within 3 months of death)
 Major findings of operations _____ Date of op. _____
 Autopsy results _____
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide _____ Date of _____
 Where did injury occur? _____ (City or town) _____ (County) _____ (State)
 Injured at home, farm, industry, public place (where?) _____
 Means of injury _____ Injured at work? _____
 23. SIGNATURE Frank G. Susan M. D. or other _____
 Address Indian Head, Md. Date signed 6/16/47

RECEIVED
AUG 14 1947
BUREAU OF

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 188

04971

CERTIFICATE OF DEATH

Reg. Dist. No. 100

1. PLACE OF DEATH:

County CharlesCity or town Laplate
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 2 days

Hospital, institution, or street address where death occurred:

Physicians Memorial HospitalHow long in hospital or institution? 2 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County CharlesCity or town Highsville
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)2.(a) If veteran, name war none

3. (a) FULL NAME

Francis Grace

3. (b) Social Security Number

none

4. Sex

M

5. Color or race

C

6. (a) Single, married, widowed, or divorced

Single

6. (b) Name of husband or wife

6. (c) If alive, give age _____ years

7. Birth date of

deceased (mo., day, yr.)

Sept 2 1933

8. AGE:

Years

Months

Days

If less than one day

1399

hrs.

min.

9. Birthplace

Ches Co

(Town, county, and state)

10. Usual occupation

School

11. Industry or business

FATHER

12. Name

John S Grace

13. Birthplace

Ches Co Md

MOTHER

14. Maiden name

Mary Grace Jennifer

15. Birthplace

Ches Co Md

16. Informant

Mary Grace Jennifer

Address

Highsville

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof

6/14/47
(month) (day) (year)

Cemetery or crematory

St Peter's

Location

Walldorf Md

18. Funeral director

Charles M. Wade

Address

Highsville Md

19. 6/13/47

(Date rec'd by registrar)

19

19

John H. Casey
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH

June 1119 47at 10:10 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

June 1019 47to June 2119 47and that I last saw h. in alive on June 1119 47

Immediate cause of death

Intestinal Hemorrhage
Probable Perforation of Intestine

DURATION

Due to

external violence (horse

Due to

kick in abdomen)

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

June 9 - Accident

Where did injury occur?

Highsville Charles Md.
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

home

Means of injury

Kicked by horse

Injured at work?

23. SIGNATURE

Harvey Jacob M.D.
M. D. or other

Address

Laplate, MdDate signed 6/12/47

MARGIN RESERVED FOR BINDING

VS A15

9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUN 18 1947
BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

04972

Reg. Diat. No. 105

1. PLACE OF DEATH:

County CharlesCity or town Bugan Rd.
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State md. County Prince GeorgesCity or town Accokeek
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

George Harding Munson

3. (b) Social Security Number

4. Sex male 5. Color or race Negro 6. (a) Single, married, widowed, or divorced Married

6. (b) Name of husband or wife _____

6. (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) Sept. 13, 19208. AGE: Years 26 Months 9 Days 16 It less than one day _____ hrs. _____ min.9. Birthplace Accokeek, Md.
(Town, county, and state)10. Usual occupation Laborer

11. Industry or business _____

12. Name George Munson13. Birthplace Dr. George's County, Md.14. Maiden name Sarah Matthews15. Birthplace Dr. George's Co. Md.16. Informant Mrs Cora MedleyAddress Accokeek, Md.17. Burial Burial Date thereof 7/2/47
(Burial, cremation, or removal) (Which?) (month) (day) (year)Cemetery or crematory St. Mary'sLocation Discalway, Md.18. Funeral director Hunt & RyanAddress Waldorf, Md.19. 6-20 19 47 md Munson
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 29, 1947 at 1:22 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

on June 29, 1947 to June 29, 1947and that I last saw him on June 29, 1947Immediate cause of death Shotgun wound of heart DURATION Seconds
and great vesselsDue to Homicide

Due to _____

Other conditions _____

(Include pregnancy within 8 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results Same

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Homicide Date of 6-29-47Where did injury occur? Bugan Rd, Charles, Md.
(City or town) (County) (State)Injured at home, farm, industry, public place (where?) Public placeMeans of injury Shotgun Injured at work? No23. SIGNATURE Dr. J. M. K. Munson, MD. M. D. or otherAddress Accokeek, Md. Date signed 6-29-47

RECEIVED
JUL 1 1947
BUREAU C S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

04973

CERTIFICATE OF DEATH

Reg. Dist. No. 106

1. PLACE OF DEATH:
County Charles
City or town Indian Head
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 30 Years
Hospital, institution, or street address where death occurred:
Naval Dispensary NPF Indian Head, Md.
How long in hospital or institution? In extremis on admission

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Charles
City or town Indian Head
(If outside city or town limits, write RURAL and give nearest town)
Street No. 18 Couden Road
(If rural, give LOCATION)
2(a) If veteran, name war 1st World War

3. (a) FULL NAME

Charles Rose Page

3. (b) Social Security Number

None

4. Sex Male 5. Color or race White 6. (d) Single, married, widowed, or divorced Married
6. (b) Name of husband or wife Gladys Katherine Page
7. Birth date of deceased (mo., day, yr.) September 12, 1890
6. (c) If alive, give age 47 years
8. AGE: Years 56 Months 9 Days 2 If less than one day
..... hrs. min.

9. Birthplace Salisbury, North Carolina
(Town, county, and state)
Rowan County
10. Usual occupation Engineer

11. Industry or business

FATHER 12. Name Frank Page
13. Birthplace Salisbury, North Carolina
MOTHER 14. Maiden name Bell Shaw
15. Birthplace Salisbury, North Carolina

16. Informant Charles William Mader
Address 540 9th Street S.E. Wash. D. C.

17. Burial June 17, 1947
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory Arlington Memorial Cemetary
Location Arlington, Cemetary

18. Funeral director Chambers Funeral Home
Address 11th St. S. E. Washington, D. C.

19. June 14 19 47 Adley Price
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 14, 1947 19 47 at 12:35 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
June 14, 1947 to June 14, 1947
and that I last saw him im alive on On Admission 6-14-47

Immediate cause of death Coronary Occlusion,
Acute

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

.....Date of op.

Autopsy results Not done

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury O. J. Deuby M.D. Injured at work?

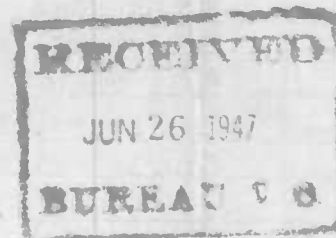
23. SIGNATURE O. J. DEUBY M. D. or other

Comdr. (MC) USN Address NPF Indian Head, Md. Date signed 6-14-47

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 0497400

1. PLACE OF DEATH:

County Charles
City or town Benedict, Md.
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Washington County ...

City or town ...
(If outside city or town limits, write RURAL and give nearest town)

Street No. 3506 Center St. N.W.
(If rural, give LOCATION)

2.(a) If veteran, name war ...

3. (a) FULL NAME

ARTHUR LEWIS ROOKWOOD

3. (b) Social Security Number

4. Sex male 5. Color or race white 6. (a) Single, married, widowed, or divorced married

6. (b) Name of husband or wife Mattie L. Rookwood

7. Birth date of deceased (mo., day, yr.) Oct. 2 1903
6. (c) If alive, give age 39 years

8. AGE: Years 44 Months 8 Days 8 If less than one day ... hrs. ... min.

9. Birthplace Waterfall, Va.
(Town, county, and state)

10. Usual occupation Cab Driver

11. Industry or business Diamond Cab Co.

12. Name James Rookwood

13. Birthplace Halfway Va.

14. Maiden name Mary Graham

15. Birthplace Virginia

16. Informant James Rookwood

Address Katonah, N. Y.

17. Removal Date thereof June 10, 1947
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory First of Lincoln

Location DC

18. Funeral director The H. H. Hines Co.

Address 2901-14th St. N.W., Washington, DC

19. 6-12 19 47 M. L. Rookwood
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 10 19 47 at 6:00 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ... 19 ... to ... 19 ...
and that I last saw h. ... alive on ... 19 ...

Immediate cause of death Drowning

Due to Man fell overboard while fishing from motor boat.

Due to Disappeared from surface immediately. Body recovered

Other conditions 48 hours later

(Include pregnancy within 3 months of death)

Major findings of operations ...

Autopsy results ...

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Accident Date of June 10, 1947

Where did injury occur? Benedict Charles Maryland
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) ...

Means of injury ... Injured at work? ...

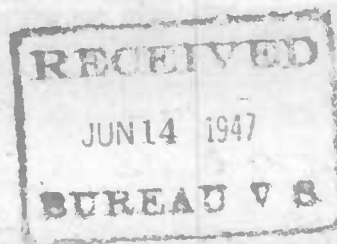
23. SIGNATURE Francis J. Crilly, Jr. M.D.
(M. D. or other)

Address Hughesville, Md. Date signed June 12, 1947

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The certificate is especially important. Physicians: please write the causes of death clearly and legibly.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

cert. came in
direct.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

55 e

04975

103

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:

County..... Charles
City or town..... Dunstable Md
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?.....
Hospital, institution, or street address where death occurred:

How long in hospital or institution?.....

3. (a) FULL NAME

Addison North St Clair

4. Sex..... M 5. Color or race..... W 6. (a) Single, married, widowed, or divorced..... Wid

6. (b) Name of husband or wife.....

7. Birth date of deceased (mo., day, yr.)..... Jun 24 - 1884 6. (c) If alive, give age..... years

8. AGE: Years..... 63 Month..... 4 Days..... 13 If less than one day..... hrs. min.

9. Birthplace..... Dunstable Md
(Town, county, and state)

10. Usual occupation..... Farmer

11. Industry or business.....

12. Name..... William H St Clair

13. Birthplace..... Chas Co Md

14. Maiden name..... Ann C. Hammer

15. Birthplace..... Chas Co Md

18. Informant..... William A St Clair

Address..... Spring Hill Md

17. Burial..... Burial Date thereof..... 6-8-47
(Burial, cremation, or removal, Which?.....) (month) (day) (year)

Cemetery or crematory..... M.C.

Location..... Dunstable Md

18. Funeral director..... Smith & Ryan

Address..... Wardway Md

19. (Date rec'd by registrar)..... 19..... Registrar.....

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... Md County..... Chas

City or town..... Dunstable Md
(If outside city or town limits, write RURAL and give nearest town)

Street No.....
(If rural, give LOCATION)

2. (a) If veteran, name war.....

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH..... 6-7 19..... 47 at..... 10 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from..... 4-2 19..... 47 to..... 6-7 19..... 47
and that I last saw him..... alive on..... 6-6 19..... 47

Immediate cause of death..... Coronary Thrombosis

Due to..... Generalized Arterio Sclerosis

Due to.....

Other conditions..... Quar of Abdomen
Probable Sclerosis
(Include pregnancy within 3 months of death)

Major findings of operations.....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?.....
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....

Means of injury..... Injured at work?

23. SIGNATURE..... W. H. St Clair M. D. or other.....

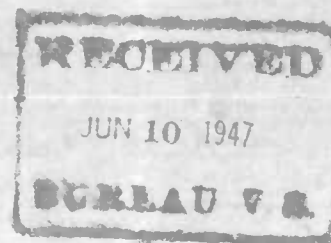
Address..... Spring Hill Md Date signed..... 6-8-47

DURATION

6-5-47

Sept
1946

L.H.O.
COPY SENT TO ~~LOCAL~~ REGISTRAR No. _____ DATE 6/10/47



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 105-

1. PLACE OF DEATH:

County *Chas*
City or town *Bel Alton Md*
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death?
Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State *MD* County *Charles*
City or town *Bel Alton Md*
(If outside city or town limits, write RURAL and give nearest town)Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

George Walter Swan

3. (b) Social Security Number

4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced

M *Cal* *Wid*

6.(b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) *1868* 8.(c) If alive, give age years8. AGE: Years Months Days If less than one day
79 hrs. min.9. Birthplace *Charles Co Md*
(Town, county, and state) *Lahore*

10. Usual occupation

11. Industry or business

12. Name *John Walter Swan*
13. Birthplace *Chas Co Md*14. Maiden name *Elenora Butler*
15. Birthplace *Chas Co Md*16. Informant *John O. Swan*
Address *Bel Alton Md*17. *Burial* Date thereof *6-28-47*
(Burial, cremation, or removal, Which?) (month) (day) (year)Cemetery or crematory *St Ignatious*
Location *Bel Alton Md*18. Funeral director *Hunt & Ryon*
Address *Waldorf Md*19. *6-27-47* 19 *M. L. Nowry*
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH *JUNE 26* 19 *47* at *6:30 AM*21. I CERTIFY that death occurred on the date above stated; that I attended deceased from *JUNE 23* 19 *47* to *JUNE 26* 19 *47*
and that I last saw him alive on *JUNE 26* 19 *47*

Immediate cause of death DURATION

*CEREBRAL HEMORRHAGE*Due to *3 DAYS*

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE *Edward J. Swan* *J. M. D.*Address *BEL ALTON MD* Date signed *6-26-47*

MARGIN RESERVED FOR BINDING

VS A15

9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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RECEIVED

JUN 30 1947

BUREAU V B

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age of year of birth shows on Evidence for change of year of birth shows on

Physicians: please write the causes of death clearly and legibly. is especially important.

Evidence for change of year of birth shows on

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

131a

HM 110. G 112 SEP 3, 1947

CERTIFICATE OF DEATH

Reg. Dist. No.

105

1. PLACE OF DEATH:

County Charles
City or town Waldorf md
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Life
Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State md County Charles
City or town Waldorf md
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Russella Trotter

3. (b) Social Security Number

4. Sex F 5. Color or race W 6. (a) Single, married, widowed, or divorced Widowed

6. (b) Name of husband or wife Peter Trotter

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 3 - 1867

8. AGE: Years 77 Months 5 Days 29 If less than one day hrs. min.

9. Birthplace Mattawoman md
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business Edward L. Hunt

12. Name Mattawoman md

13. Birthplace Mary Murray

14. Maiden name Mattawoman md

15. Birthplace Gene Sloan

16. Informant Waldorf md

17. Address Burial Date thereof 6-5-47
(Burial, cremation, or removal. Which) (month) (day) (year)

Cemetery or crematory Hunt Cemetery
Location Mattawoman md

19. Funeral director Hunt & Stinson
Address Waldorf md

19. 6-3 47 M L Mon
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-12 1947 at 4:15 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 4-9 1940 to 5-131 1947 and that I last saw him alive on 5-131 1947

Immediate cause of death Cancer

Due to Decomposition

Due to Heart - Vas -

Other conditions Demility

(Include pregnancy within 8 months of death)

Major findings of operations. Date of op.

Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide. Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) Means of injury Injured at work?

23. SIGNATURE Dr. J. J. Wilson M.D. M. D. or other

Address Waldorf, Md. Date signed 6-12-47

RECEIVED

JUN 4 1947

BUREAU V S